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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**Applicant:** Burke et al. )

Group Art Unit: Not yet assigned

**Serial No.:** 09/998,718; Conf.. No. )  
7192 )

I hereby certify that this correspondence is being deposited with the  
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Mail in an envelope addressed to: Box Supplemental IDS-Non-  
Fee, Commissioner for Patents, Washington, D.C. 20231 on:

**Filed:** November 1, 2001 )

Date of Deposit: 1/17/2002

**For:** Methods and Compositions )  
for Treatment of Ocular Neo- )  
Vascularization and Neural Injury )

Person making Deposit: Bonnie Ferguson

Signature: Bonnie Ferguson

Date of Signature: 1/17/2002

**Examiner:** Not yet assigned )

**INFORMATION DISCLOSURE STATEMENT**

Assistant Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

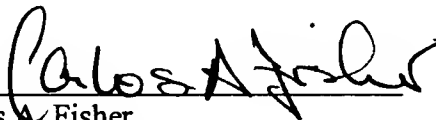
Applicant herewith submits forms PTO 1449 for consideration by the Examiner, consistent with the provisions of 37 CFR § 1.97 and 1.98. By submitting this Information Disclosure Statement, Applicant makes no admission that any item listed thereupon is material to the patentability of the invention claimed in the above-entitled patent application. Further, Applicant makes no assertion hereby that a search was conducted, or if conducted, that any search was thorough.

Applicant respectfully requests that the Examiner indicate consideration of the presently cited references by returning the enclosed Form 1449 bearing the Examiner's initials and the date considered.

As this Information Disclosure Statement is being submitted prior to three months after the filing date of this Application, no fee or certification is thought to be required, pursuant to 37 CFR §1.97(b). If Applicant is in error in this regard, please use Deposit Account 01-0885 for payment of any fee that may be due.

Respectfully submitted,

Date: 1/17/02

  
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